

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Bu. Vou. No. _____

U. S. _____
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To Ramo-Wooldridge Corporation
(Payee)

Los Angeles 45, California
(Address) (City) (State)

Page 1 of 1

PAID BY

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Discount Terms					
		INVOICE NO.					
		2135				29,816	92
		2136				260	93
		2137				11,498	81
		2138				1,279	17
		2139				17,684	20
		2140				930	41
PAYMENT:							
Complete <input type="checkbox"/>							
Partial <input type="checkbox"/>							
Final <input type="checkbox"/>							

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total 61,470 44

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

(Sign original only)

Differences

Date _____ *Payee _____
(This certificate not required when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for 61,470 44

(Signature or initials) *EE*

Per _____ Title _____

Contract No. A-101 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for pay

† Approved for \$ _____

By _____

SIGN
ORIGINAL
ONLY

(Contracting Officer)

Title _____
(Approving Officer)

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

STATOTHR

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } on Treasurer of the United States in
{ Cash, \$ _____, on _____, 19____. Payee _____ } favor of payee named above.

(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name must be written in the space provided for the signature of the person writing the company or corporate name, as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and his official title.

Title _____

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PUBLIC VOUCHER FOR PURCHASES OF
SERVICES OTHER THAN PERSONAL

Bu. Vou. No. 2135

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No.

To

(Payee)

PAID BY

Encl #1
DPS 2238
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				29,816.	92
PAYMENT: Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final <input type="checkbox"/>				Use continuation sheet(s) if necessary			
Shipped from		to	Weight	Government B/L No.		Total	29,816.92
I certify that the above bill is correct and just and that payment has not been received.				(Payee must NOT use this space) Differences			
STATOTHR (Sign original only)				Amount verified; correct for		29,816.92	
Date 7/3/58 *Payee				(Signature or initials) Ee			
Per [Signature]				Title			
Contract No. A-101		Date	Req. No.	Date	Invoice Rec'd.		

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$

† (Authorized Certifying Officer)

By

SIGN
ORIGINAL
ONLY

Title

Title

Date

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. dated 19 for \$ (on Treasurer of the United States in favor of payee named above.)
Cash, \$, on 19 Payee (Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary" or "Treasurer", as the case may be.
† If the ability to certify and authorize payment is in doubt, the certifying officer should sign the voucher, if necessary; otherwise the approving officer will sign on the line below "Approved for \$", and over his official title.

Per

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STATOTHR

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Sheet #1

ACCOUNTS PAYABLE

WEEKLY DET DISTR	DATE
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3/12/58

FORM STL - 660

FORM STL - 660

BATCH				INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Tax Code	Cost Element	TR. CODE	COST CENTER			CHARGE DISTRIBUTION				NET AMOUNT	
No.	Mo.	Day	Yr.				Mo.	Day							Maj.	Int.	Sub.	Account	M.I.O.	S.D.	Work Order		
14	04	09	8	IER3-58			04	10	1368					50	25	25	20	12501	5038	06	6	2000 2000 2000 2000	* ** *** ***
Continued 1 Sheet # 4																							

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Shed #4

ACCOUNTS PAYABLE

WEEKLY DET DISTR DATE

5/31/58

FORM STL - 660

[illegible]

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